

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047565-

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

382

Primary Registration District No.

5655

Registrar's No.

193

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mount Vernon

Length of stay in 1b
93 days
1 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Missouri State Sanatorium

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR
TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5302 1/2 Lake Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Isaac Lody

4. DATE OF DEATH
Month Day Year
December 26 1962

5. SEX
Male

6. COLOR OR RACE
Caucasian

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-5-87

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Yugoslavia

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Nick Lody

13b. MOTHER'S MAIDEN NAME

Mary Lody

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Missouri State San., Mt. Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Far-advanced pulmonary tuberculosis, active

INTERVAL BETWEEN ONSET AND DEATH

1 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-24-62 to 12-26-62 and last saw her/him alive on 12-26-62
Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. A. Brasher M.D.

22b. ADDRESS

Mo. State San., Mt. Vernon, Mo.

22c. DATE SIGNED

12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-26-62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
Kansas City - Kans.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

Mt. Vernon Mo.

25. DATE RECD. BY LOCAL REG.

12-28-62

26. REGISTRAR'S SIGNATURE

Roy Grantham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

VS 300
Rev. 4/59
12550
25117
3
4 0
5 0
6
7 2
8 2
9002.1
10
11
1293-0
135-0

JAN 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.